

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

Meeting Minutes

May 9, 2023

9:00am – 10:00am

Subcommittee members present: Jeanne Savage, Jocelyn Warren, Cristy Muñoz, Sarah Present, Kat Mastrangelo

Subcommittee members absent: Ryan Petteway

OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva, Kelly McDonald, Rex Larson, Zintars Beldavs, Victoria Demchak, Amanda Spencer

CLHO members: Brian Leon

Welcome and introductions

- Introductions
- Sara reviewed the agenda and group agreements
- Sara provided an overview of where the communicable disease metrics are and how they fit with the selection criteria previously developed by the subcommittee.

Vaccine Preventable Diseases

Rex Larson

- OHA recommends narrow down the vaccine preventable diseases metrics to 2-year-old vaccination rates and adult influenza vaccination rates.
 - An unintended consequence of covid was a drop in routine vaccination rates with 2-year-old vaccinations and adult influenza vaccination rates being hit the hardest.
 - This was in large part due to primary care capacity.
 - Public health can work with CBOs and primary care groups to improve outreach, education, and access to vaccines.
 - Selecting these metrics would work towards OHA's goal of ending health inequities by 2030. Communities of color are particularly affected by vaccine preventable diseases and experience a disproportionate burden of disease when compared to white communities.
- OHA recommends a target of an 80% rate for two-year-old vaccinations and a 70% influenza vaccination rate for populations over age 65.
 - Goal would be to reach both targets by 2030.
 - OHA recommends placing a strong emphasis on reducing disparities between individual races and ethnicities and the statewide average.
 - Goal would be to reduce these disparities by a minimum of 10% each year.
- Rationale for OHA recommendations:

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- Preliminary data shows 9% drop in influenza vaccination rates from for individuals at least 65 years of age from preacademic levels.
 - Hospital capacity is still largely affected by seasonal influenza.
 - Preliminary data shows that the 2-year-old vaccination rate dropped by approximately 2% in 2022 after steadily increasing every year since 2013.
 - The public health system demonstrated ability to address vaccine equity gaps in racial and ethnic groups with the COVID-19 vaccine.
 - Two-year-old vaccinate rates is also a CCO incentive metrics.
 - Both metrics are closely tied to the Healthy People 2030 objectives
 - Vaccine preventable diseases are a community priority.
 - Over 160 CBOs were involved with community engagement and outreach strategies for COVID vaccination, and many have expressed interest in applying similar strategies to routine vaccinations.
 - Lessons learned that can be leveraged for routine immunizations:
 - Mobile outreach strategies to reach communities where they are.
 - Culturally and linguistically appropriate communications.
 - Collaboration with community leaders to plan events and outreach.
 - Possible strategies:
 - Community outreach
 - Provide culturally relevant outreach and education.
 - Collaborate with community organizations, health care providers, and other partners.
 - Conduct mobile vaccine outreach for hard-to-reach communities.
 - Use of public health data
 - Identify populations with limited access to immunization services.
 - Identify groups placed at increased risk of severe disease outcomes.
 - Healthcare provider partnerships
 - Promote participation in the Immunization Quality Improvement for Providers (IQIP) program with local VFC enrolled clinics.
 - Data source for both indicators is ALERT IIS
 - There is no REALD or SOGI data for ALERT IIS
 - Rex provided over year of 2-year-old vaccination rates from 2014-2022 noting the rise in vaccine rates starting in 2014 and the fall in 2022. Even though the fall is only 2% it is worrisome because it could be the start of a downward trend and it can be hard to build back up momentum for vaccines.
 - Sarah P: If the CDC updates their definition of “up to date” for vaccines, will we update that as well? For example, the COVID vaccine is not recommended for 2-year-olds.
 - Rex: This particular series that we will be tracking for two year old vaccinations (4:3:1:3:3:1:4) has remained stable over the last 10 years and does not change often. The 4:3:1:3:3:1:4 series does not include COVID or seasonal influenza vaccines.
 - Kat: Looking at the 2-year-old vaccination rates data, all the vaccine rates seem similar except the rotavirus which is lower. Why is that the case?
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- Rex: It has been low for a while, but it is improving. The rotavirus is also not included in the 4:3:1:3:3:1:4 series.
 - Rex reviewed a map breaking down the 2021 two-year-old vaccination rates by county.
 - There are urban-rural disparities.
 - In many counties there is a single provider, or a group of providers, that has really driven an increase of vaccination rates in those counties. Having provider involvement will therefore help make these goals more achievable
 - Rex reviewed adult influenza data starting from 2017 going to 2023.
 - There is a significant drop in influenza vaccination rates in the 2021-2022 flu season.
 - The drop in the 65+ age group is more significant than the other groups, because they in general are more likely to get the influenza vaccine.
 - The younger age groups have historically had lower influenza vaccination rates so we will likely see more of an impact by focusing on the 65+ age group.
 - Kat: Is the influenza vaccination rate for the 65+ age group ever tracked by living situation? For example, do we know if there are differences in vaccination rates for folks in assisted living situations?
 - Rex: The vaccination rates for people in assisted living facilities tend to be a bit higher, but we cannot track it using ALERT IIS data. There is another group that looks at vaccination rates in those communities, but the data is quite different making it difficult to compare it to ALERT IIS data.
 - Rex reviewed adult influenza vaccination rates by race and ethnicity from 2018-2021 and highlighted the disparity in Black and Latinx communities when compared to the state average.

Discussion

- Sarah P: Much of the successes made in the COVID vaccination response hinged on the COVID vaccine being free. The ability of public health and CBOs to improve vaccination rates will be more difficult with paid vaccines.
 - Rex: The immunization program has been talking about this issue for quite a while. PHAB might be able to highlight the issue with the payment model for adult vaccines and hopefully can come up with adjustments for folks who can't afford them.
 - Kelly M: If we hear from PHAB that they want to make changes to the payment model then that is something we would look at.
 - Sara B: One of the reasons we recommend the adult flu vaccination rates as a metric is that it is a direct connection to discussions had by the CHLO metrics subgroup about how to reflect the work of state and local health authorities to be needing to respond to seasonal and emerging respiratory pathogens.
 - Cristy: When metrics are developed how do governmental public health officials communicate and work with community leaders to develop a shared understanding? Within the metrics that we develop as a subcommittee can we also provide recommendations about how to achieve those metrics?
 - Sarah P: In the past with metrics, it really has just been up to the counties to determine how they are going to meet the metrics. With this new focus on trying to bring accountability more than local governmental public health, there is a need for a common understanding of best practices to meet those goals. This will probably
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include coming together on funding and we have had previous conversations around having metrics on staffing.

- Rex: Drafting process measures will allow for us to focus more on what is necessary to achieve these metrics which could include things like communication and outreach.
 - Cristy: It is important to develop that process piece and to make sure that we are being clear in our communications to communities and avoid using confusing language like “accountability recommendations” as those two words have very different meanings.
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Subcommittee business

Sara B

- Subcommittee agreed to bring the OHA recommendations for vaccine preventable diseases metrics (adult influenza vaccination rates and two-year-old vaccination rates) to PHAB.
 - Subcommittee will have another meeting in late May 2023.
 - No public comment.
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Meeting was adjourned
